Washington University in St. Louis
SCHOOL OF MEDICINE

**Department of Medicine**
**Cardiovascular Division**

June 11, 2019

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Attention: CMS-1716-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Re: Fiscal Year 2020 Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (CMS 1716-P)

Dear Administrator Verma:

Thank you for the opportunity to provide comment on the IPPS Proposed Rule for FY2020. As the director of structural heart disease at Washington University School of Medicine in St. Louis, my practice focuses on patients with advanced heart failure and the innovative technology we provide to improve quality of life. The Cardiovascular Division at Washington University School of Medicine has emerged as a national leader in the delivery of high-quality cardiovascular care to a large, diverse patient population with simple and complex cardiovascular disorders. My colleagues and I have provided groundbreaking research in the area of thrombolytic therapy for acute myocardial infarction, biomarkers for cardiac injury and cardiac imaging.

The Proposed Rule would significantly reduce the payment for patients who require circulatory support in DRG 215. The proposed reduction is a 29 percent decrease in payment from last year and 43 percent decrease over the past 3 years. Such a drastic decrease in payment rate would challenge our ability to appropriately manage these critically ill patients..

Our cardiovascular practice uses heart pumps to treat some of our most seriously ill patients. We use Percutaneous Ventricular Assist Devices (pVADs; including Impella, Tandem Heart) for the treatment of heart attacks that deteriorate into cardiogenic shock with the goal of promoting heart recovery along with revascularization. We also use pVADs for stabilization of patients with compromised or likely compromised left ventricular function during high-risk coronary procedures for patients who cannot be treated or at of extreme risk for surgical procedures. In addition, many of these patients have no other option besides supported percutaneous procedures. These high intensity procedures require our practice to expend significant resources.

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The FY 2020 proposed payment for DRG 215 does not accurately reflect the cost of care for treating these patients as the cost data being employed is missing hospital resources related to insertion codes on significant medical devices as well as the cost associated with the purchase of those devices. 22 percent of hospitals did not charge for the cost of the pVAD, which is a significant contributor to the cost of these patients. Such a significant decrease in payment should be based on stable claims data which it would appear is not reflected in DRG 215. The multiple coding updates during this reporting period have created an enormous administrative burden that hospitals have been unable to stay current on.

In the FY2019 Final Rule, CMS implemented a hold-harmless transition period for DRG 215 which has allowed our hospital to maintain access to all heart assist devices. I believe absent any change to the FY 2020 proposed rule, the weighted payment rate for these procedures will create significant financial challenges for managing patients with advanced cardiovascular disease, as such, I ask that you consider an additional year of hold harmless and maintain the FY2019 weight of DRG 215.

I appreciate your attention to this matter.

Sincerely,

John Lasala, MD, PhD, MSCAI
Professor of Medicine, Cardiology and Surgery
Director, Structural Heart Disease Program
Washington University School of Medicine
Barnes Jewish Hospital